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Bib Data Sheet

CONFIRMATION NO. 3517

<b>SERIAL NUMBER</b> 10/018,027	<b>FILING DATE</b> 02/28/2002 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 10642.9USWO	
<b>APPLICANTS</b> Domonkos Horvath, Jestetten, GERMANY; Felix Lutz, Feldmeilen, SWITZERLAND;					
<b>** CONTINUING DATA *****</b> <i>okay ced</i> THIS APPLICATION IS A 371 OF PCT/IB00/00730 05/31/2000					
<b>** FOREIGN APPLICATIONS *****</b> <i>note ced</i> GERMANY 199 26 438.4 06/10/1999 GERMANY 199 48 787.1 10/10/1999					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>Conner</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23552					
<b>TITLE</b> Medical membrane for stimulating tissue formation					
<b>FILING FEE RECEIVED</b> 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		